

# **PATENT APPLICATION FEE DETERMINATION RECORD**

Effective December 29, 1999

Application or Docket Number

09/536383

## **CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	10 minus 20= *	
INDEPENDENT CLAIMS	3 minus 3= *	
MULTIPLE DEPENDENT CLAIM PRESENT		

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

RATE	FEE	OR	RATE	FEE
	345.00			690.00
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL			TOTAL	690

\* If the difference in column 1 is less than zero, enter "0" in column 2

## **CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 22 Minus ** 20 = 2		
Independent	* 3 Minus *** 3 = 0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	36 pd
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	36 pd

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 22 Minus ** 22 = 0		
Independent	* 3 Minus *** 3 = 0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus ** =		
Independent	* Minus *** =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**This Form is for INTERNAL PTO USE ONLY**  
**It does NOT get mailed to the applicant.**

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/536383

### Total Fee Calculation

Fee Code	Total # Claims	Number Exam	X	Fee	Fee	Total
				Sm. Entry	Lg. Entry	
Basic Filing Fee	201/101					<u>690</u>
Total Claims > 20	201/101	<u>10</u>	-			
Independent Claims > 1	202/102	<u>3</u>	-			
Multi. Dep Claim Present	204/104					
Surcharge	203/103					<u>130</u>
English Translation	119					

### TOTAL FEE CALCULATION

Fees due upon filing the application.

Total Filing Fees Due = \$ 820

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 820

*Washington*  
Office of Initial Patent Examination

Figure 7